



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST VINCENT RANDOLPH HOSPITAL INC

City of Hospital: Winchester

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-1301

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10714121
Outpatient Patient Service Revenue	\$80657998
Total Gross Patient Service Revenue	\$91372119

2. Deductions From Revenue

Contractual Allowance	\$62519820
Other Deductions	\$0
Total Deductions	\$62519820

3. Total Operating Revenue

Net Patient Service Revenue	\$28852300
Other Operating Revenue	\$2092213
Total Operating Revenue	\$30944513

4. Operating Expenses

Salaries and Wages	\$4784217	Employee Benefits	\$1324955
Depreciation and Amortization	\$1369830	Interest Expense	\$433074
Bad Debt	\$2938883	Other Expenses	\$9177866
Total Operating Expenses	\$20028825		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5452801	Total Assets	\$14951429
Net Non-operating Gains over Loss	\$-8621	Total Liabilities	\$18764014

Total Net Gains	\$5444180
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$32218810	\$23638599	\$8580211
Medicaid	\$26808869	\$20928863	\$5880006
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$32344441	\$14708482	\$17635959
Total	\$91372120	\$59275944	\$32096176

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$2352	\$-2352
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$55326	\$-55326

Number of Medical Professionals Trained	N/A
Number of Hospital Patients Educated	449
Number of Citizens Exposed to Health Education Messages	N/A

Statement Six: Charity Statement

Hospital Charity Charges	\$3243876
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$751282	
HCI Payments	\$0		
Subtotal	\$0	\$751282	\$-751282
Medicaid Shortfalls	\$5350002	\$7397020	
Subtotal	\$5350002	\$8148302	\$-2798300
DSH Payments	\$1,601,585		
Subtotal	\$6951587	\$8148302	\$-1196715
Medicare Shortfalls	\$8055608	\$7461882	
Other Government Programs	\$0	\$0	
Total	\$15007195	\$15610184	\$-602989

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$31004	\$-31004
Community Assessment	\$0	\$63955	\$-63955
Provision of Taxes	\$0	\$1188081	\$-1188081
Other Allocations	\$0	\$0	\$0

Comments

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